EMPLOYMENT HISTORY (Please list three most recent positions)  Employer    Job Title/Duties   Dates   Supervisor	Organization		Position/Duties		Dates	Supervisor
CERTIFICATIONS (Please list current certifications)  [] W.S.I. (Water Safety Instructor Expiration Date: [] Lifeguard Training Expiration Date: [] Standard First Aid Expiration Date: [] Standard First Aid Expiration Date: [] Other (Please specify)  REFERENCES  Name Address Phone Relationship  Do you have access to a car? (for some positions a vehicle is required)						
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CERTIFICATIONS (Please list current certifications)  [] W.S.I. (Water Safety Instructor Expiration Date: [] Lifeguard Training Expiration Date: [] Standard First Aid Expiration Date: [] Standard First Aid Expiration Date: [] Other (Please specify)  REFERENCES  Name Address Phone Relationship  Do you have access to a car? (for some positions a vehicle is required)						
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of material fact will cause forfeiture on my part of all rights to any employment in the City services.	•	-			-	
	or material fac	t will cause for	resture on my part of all s	rights to any e	employment in th	e City services.
Date: Signature:	Date:		Signature			